Special Health Services Financial Coverage Program

The Special Health Services (SHS) Financial Coverage Program provides coverage for services that promote early diagnosis and treatment to children with special health conditions who meet eligibility criteria.

ELIGIBILITY CRITERIA

- Child must be a North Dakota Resident.
- Child must be birth to age 21.
- Child must be medically eligible. The child must have, or potentially have, a special health care need. A child is medically eligible if he or she has a condition that is included on a list of more than 100 eligible conditions treated under the Financial Coverage Program. A partial list of the most common eligible conditions covered is on the following page. A full list of eligible conditions can be found here.
- Family must be financially eligible. A family is financially eligible at 185 percent of the federal poverty level. See income guidelines chart below.

INCOME GUIDELINES EFFECTIVE 5/1/2024

	Gross/Adjusted Gross
Family Size	Annual income is no more than:
1	\$ 27,861
2	\$ 37,814
3	\$ 47,767
4	\$ 57,720
5	\$ 67,673
6	\$ 77,626
7	\$ 87,579

Gross income is generally used to determine financial eligibility. Adjusted gross income is used in instances of self-employment. Financial eligibility is determined annually. If family income is above the federal poverty level, a child may still be eligible with a monthly cost share which has a maximum amount of \$3000/month. This means that the family must spend a designated amount for out-of-pocket medical expenses for the family unit before SHS will pay for care or services for the eligible child.

IMPORTANT FACTS

- If both financial and medical eligibility is present and treatment is planned, the application is approved for the specific medical condition. Effective date for services may be up to 90 days before the application, when needed.
- To ensure high-quality care, eligible children must receive services from a specialist who is approved to provide care under SHS. A list of North Dakota specialists who have met the standards is established and available from SHS.
- Payment for services is coordinated by SHS staff with other available sources of healthcare coverage.
- Restrictions of coverage may apply for certain services or eligible conditions.
- Covered services are any services that may be considered payable per SHS Policy.
- To apply to the Financial Coverage Program, contact the SHS Claims and Eligibility Administrator at 701-328-4816 or tfeigitsch@nd.gov

PARTIAL LIST OF SHS EILIGIBLE CONDITIONS

- Acquired brain injury
- Asthma
- Bony deformities
- Burns
- Cancer
- Cerebral palsy
- Cleft lip and/or palate
- Cystic fibrosis
- Dental disorders
- Diabetes
- Genito-urinary tract anomalies
- Growth hormone deficiency
- Hearing loss
- Heart conditions
- Hemophilia
- Joint deformity
- Malocclusion
- Muscular dystrophy
- Phenylketonuria
- Rheumatoid arthritis
- Scoliosis
- Seizure disorders
- Spina bifida
- Strabismus

PARTIAL LIST OF COVERED SERVICES

- Care coordination (by state level staff)
- Dental services
- Formula (special)
- Genetic testing, evaluation, and counseling
- Hearing aids
- Home health care in lieu of hospitalization
- Illnesses occurring during hospitalization
- Inpatient hospitalization
- Laboratory tests, X-rays, and other diagnostic studies
- Medical equipment (limited to funding availability)
- Medications
- Nutrition services
- Occupational therapy
- Outpatient hospital services
- Physical therapy
- Physician's, nurse practitioners, and physician assistant's services
- Prosthetic and orthotic appliances
- Respiratory therapy
- Supplies
- Vision services

PARTIAL LIST OF UNCOVERED SERVICES

- Ambulance charges
- Purchase of wheelchairs and hospital beds
- Hospice care
- Immunizations (routine childhood
- Respite care
- Special shoes or shoe corrections, except when they are needed to fit a brace or other orthopedic appliance
- Well-childcare
- Chiropractic care
- Transportation, meals, and lodging (can be used to spend down monthly cost share when applicable)
- Care prior to birth of an infant (e.g., fetal surgery)
- Routine infant formula (Similac, Enfamil, etc.)

FOR MORE INFORMATION CONTACT SHS

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